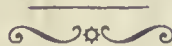


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LLWCHWR
Urban District Council



Annual Report
FOR THE YEAR
1948

by

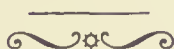
G. E. DONOVAN

M.D., M.Sc., D.P.H.

Medical Officer of Health



LLWCHWR
Urban District Council



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Llwchwr Urban District Council.

Chairman : Councillor J. GRIFFITHS, J.P.

Vice-Chairman : Councillor S. MEREDITH.

Councillors.

EDWARD MORRIS.

G. THOMAS.

T. S. EDWARDS.

WM. EVANS, J.P.

G. MATHIAS.

D. G. WILLCOCKS.

W. HILL.

J. F. DAVIES.

W. J. OWEN.

J. R. JOHN.

THOMAS WILLIAMS.

WYNDHAM JONES.

E. G. THOMAS.

C. B. JONES.

D. T. REES.

T. I. DAVIES, J.P.

J. D. MORGAN.

Mrs. C. J. REES, J.P.

Mrs. H. OWEN, J.P.

B. C. WILLIAMS.

D. I. THOMAS.

G. WILLIAMS.

Public Health Committee.

Chairman : Councillor Mrs. H. OWEN, J.P.

Vice-Chairman : Councillor C. B. JONES.

Chairman and 10 members of the Council.

Maternity and Child Welfare Committee.

Chairman : Councillor Mrs. C. J. REES, J.P.

Vice-Chairman : Councillor G. WILLIAMS.

Chairman and 10 members of the Council.

5 Co-opted members (Jan.—June, 1948).

Public Health Officers.

Medical Officer of Health.

G. E. DONOVAN, M.D., M.Sc., D.P.H.

Sanitary Inspectors.

Senior Inspector—B. D. OWENS, C.R.S.I., Meat Cert. R.S.I.
(M.S.I.A.).

Additional Inspector—M. G. DAVIES, C.R.S.I., Meat Cert.,
R.S.I. (M.S.I.A., M.R.S.I., M.R.L.P.H.II.).

Health Visitors.

B. M. JOHN, R.F.N., S.R.N., S.C.M., H.V.Cert.
(Jan.—June).

C. JONES, S.R.N., S.C.M., H.V.Cert. (Jan.—Feb.).

Clerks.

P. TUXWORTH (Jan.—July).

C. A. POWELL.

Garngoch Isolation Hospital.

Medical Superintendent :

G. E. DONOVAN, M.D., M.Sc., D.P.H.

Matron—L. DENNIS, R.F.N.

Llwchwr Urban District Council.

Public Health Department,
Council Offices,
Gorseinon.

To the Chairman and Members of the
LLWCHWR URBAN DISTRICT COUNCIL.

Ladies and Gentlemen,

I have pleasure in presenting to you my Annual Report for the year 1948, which is the ninth of its series.

For approximately half the year, I was your full time Medical Officer of Health, and for the other half I was part-time your Medical Officer of Health and Divisional Medical Officer for West Glamorgan. I am happy to keep my association with your area.

I wish to acknowledge the co-operation I have received from the Council, the Staff of my own department, the Heads of other departments of the Council, Dr. W. E. Thomas, Medical Officer of Health, and Dr. A. R. Culley, Chief Medical Officer of the Welsh Board of Health.

Your obedient Servant,

G. E. DONOVAN,
Medical Officer of Health.

INTRODUCTION.

The year 1948 has meant a revolution in medicine. Change, in itself, is neither good nor bad, it depends on the way things work out. On the whole, the new State Medical Service is a good thing, but in practice, certain defects are bound to make themselves apparent. These defects must be tackled and put right, otherwise, the scheme will fail.

One of the unforeseen effects of the new State Medical Service was to put the public health side of medicine in a very invidious position. The effect of this is that doctors and dentists are leaving the public health service. In the past, the public health services attracted some of the best men in the profession. Due to the great disproportion between the salaries in public health and other branches of the profession, only the very altruistic will come into public health. This is very bad for the country, as prevention is very much better and cheaper than curative medicine. Curative medicine alone is financially, a bottomless pit.

Public health is good economics. It is calculated that it would pay a nation to invest between 4 per cent. and 7 per cent. of its annual income on curative medicine. For one twenty-fifth of the cost of curative services, the preventative side will give an equivalent result, but unlike curative medicine the charge would get less and less each year as it does not work on a day to day policy, but stamps out disease.

During 1948, there were 1,000 outbreaks of food poisoning in this country, a ten-fold increase on the pre-war figures. Your area can be congratulated on its record in this respect.

Vaccination against small-pox is declining. The rising generation is growing up with very much less vaccination protection than in the past. Vaccination is no longer compulsory by law. The main safeguard against small-pox which is very prevalent in certain parts of the world, and at intervals is brought to our shores, is vigilance, knowledge, and keenness of public health officials throughout the country. In the past, small-pox was a great killer. It was the public health services who controlled this disease and made it a comparative rarity in this country. If the public health services will decline, eventually, there will be an outbreak of small-pox which will make the great epidemics of the past look small in comparison.

Diphtheria immunisation in this area is mainly carried out by the public health personnel. The effect of diphtheria immunisation has been to reduce diphtheria within a comparatively few years to a negligible proportion. It is to be noted that 50 per cent. of all deaths due to diphtheria occur under the age of 4 years; 45 per cent. occurs under the ages of 7 and 8. Diphtheria is essentially a disease of the young, and it can be realised that if diphtheria immunisation fails, in a comparatively few years there would be several young children with no immunity, and would cause a major outbreak of diphtheria. This outbreak will probably be greater than in the past due to the fact that diphtheria immunisation, whilst affording certain immunity to those immunised, increases the number of "carriers" of diphtheria, and there will be sufficient "carriers" in existence to act as the focus in various places throughout the country for such an epidemic. The very good vital statistics for the country at large are due to the efforts of the public health departments.

The war of disease is not a stationary war. The army of public health must be fully manned with persons of sufficient keenness, training and intelligence, otherwise all that has been gained in the past will be lost.

Regional Hospital Boards are curative rather than preventative minded. They see hospital fever beds lying idle, and in many areas, they have converted them to other uses. This is a very short-sighted policy, and is like a man allowing his fire insurance policy to lapse or for an area to abolish its fire-brigades. Fever hospital beds for the Glantawe area are now at a dangerously low level. There should be one fever bed for every 1,000 of the population. This is very much less than those in the Glantawe Hospital area.

Garngoch Isolation Hospital has been one of the main instruments in my hands for restricting the fever rate in Llŵchwyr and Gower. Early and suspected cases of notifiable infectious diseases can be immediately isolated at Garngoch Isolation Hospital. The fact that I was Medical Officer of Health and in charge of the Fever Hospital meant that without delay, these cases could be immediately isolated. Both Llŵchwyr and Gower Councils have seen in action the benefits derived from having this easy access to Garngoch Isolation Hospital. Verbal and paper assurances can be given that should such an outbreak occur even if Garngoch Isolation Hospital disappears as such, that accommodation will be readily found

for these infectious fevers elsewhere. Experience in other parts of the country does not bear this out. It can be argued that the provision of fever hospital beds is the duty of the Regional Hospital Board, but if the Regional Hospital Board cannot provide these beds (and it has happened in many parts of the country), the burden is thrown on the public health department and the general practitioners in the area. There is a statutory obligation on the Llwydwr and Gower Councils for the prevention of notifiable infectious diseases, and in my opinion, they cannot adequately perform this duty except that they can provide prompt isolation of early and suspected cases of notifiable infectious diseases.

It says much for the efficiency of the public health department in this area that we have such a low fever rate, despite the fact that the general practitioners' services is in category 4, i.e., that Llwydwr is a grossly under-doctored area.

Approximately 20 per cent. of the beds for tubercular cases are not available due to lack of staff. The effect is that there is a delay in the admission of cases to Sanatoria, with the consequent danger of the spread of infection. Incurable cases of tuberculosis have come home from the Sanatoria, and when they come into our area they are a danger to public health, and the burden is placed on us to find housing accommodation. The proper place for such cases is at a Sanatorium and not at home.

The public health department is exercising constant vigilance on all premises where food is either prepared, manufactured, sold or served throughout the area. We are continually taking samples and checking up.

Disease does not know local boundaries. Centres of population who have no Medical Officer of Health, are a potential source of danger to other communities. Due to modern transport, and the fact that people move about a great deal more than they did in the past, virulent infection can be brought into an area where normally there would be an excellent public health service for that area. It places an unfair burden on these good areas.

I bring these matters to your attention as constructive criticism. Democracy cannot function without enlightened public opinion.

These defects I have enumerated, can be easily rectified. The solution to these problems are self evident.

SOCIAL CONDITIONS AND CHIEF INDUSTRIES.

This area comprises both urban and rural features. It has developed into an industrial area with a series of townships and villages, and practically all these habitations have most of the amenities of a large town, and are provided with a pure supply of water from the Swansea Corporation Reservoirs at Velindre and Cray, sewerage schemes, scavenging services (on a contract system), public light, gas service and parks. In the very rural parts of the district, water is principally obtained from wells and springs, and the sanitation is primitive, provision of pails, etc.

There are three cinemas in the area : two at Gorseinon, and one at Pontardulais. There are no public libraries, but libraries are provided at the various Welfare Institutes.

The chief industries in the district are Coal-Mining, Steel Smelting, Tinplating and Agriculture.

AREA AND POPULATION.

The Llchwyr Urban District is divided into four Parishes, namely, Llandilo-Talybont, Loughor, Gowerton and Llangyfelach ; the total acreage being 17,815 acres.

The acreage of each Parish is as follows :—

Llandilo-Talybont	....	....	7,556 acres.
Loughor	....	....	1,247 acres.
Gowerton	....	....	2,538 acres.
Llangyfelach	....	....	6,474 acres.
			<hr/>
			17,815 acres.
			<hr/>

The estimated resident population of the district for 1948 is given by the Registrar-General as 25,620.

The number of inhabited houses at the end of the year was 6,831, and the rateable value of the district was £96,016, which represents a sum of £352 as the yield of a penny rate.

BIRTHS.

The number of live births registered for the district in 1948 was 400, of whom 210 were male and 190 females, representing a birth rate of 15.6 per thousand of the population. The rate recorded for England and Wales is 17.9 per thousand of the population. In 1947, the net total births amounted to 476, with a birth rate of 18.5 per thousand of the population; thus this year there is a decrease of 76 births or 2.9 less than the rate recorded for the preceding year.

Six male illegitimate children were registered and five females, a proportion of 27.5 per thousand registered live births.

The stillbirths numbered 12, that is 5 males and 7 females, which is equivalent to a rate of 29.1 per thousand total (live and still) births.

DEATHS.

The net total deaths after allowing for inward and outward transfers amounted to 255, of which 140 were males and 115 females. This gives a death rate of 10.0 per thousand of the population as compared with 279 deaths and a death rate of 10.9 per thousand of the population in 1947. The death rate for England and Wales in 1948 was 10.8 per thousand of the population.

There were 20 deaths under 1 year during the year, giving an Infantile Mortality rate of 50 per thousand live births. The Infantile Mortality rate for England and Wales is given as 34 per thousand live births.

The death rate amongst illegitimate children was 0.0 per thousand illegitimate live births, whilst the rate for legitimate children was 51.4 per thousand legitimate births.

There were no maternal deaths during the year.

No deaths occurred from diarrhoea and enteritis. The rate for England and Wales was 3.3 per thousand.

Seven deaths were due to all forms of Pneumonia, 17 due to Bronchitis, 1 due to Influenza, and 9 due to other forms of Respiratory Diseases, which gives a total of 34 deaths from all forms of respiratory diseases apart from Tuberculosis, giving a death rate of 1.3 per thousand of the population.

Fourteen deaths were registered from Tuberculosis of the Respiratory System, and none from other forms of Tuberculosis, which is equivalent to a rate of 0.5 per thousand of the population.

There were 9 deaths registered from Violence apart from Suicide and 4 Suicidal.

Cancer and other forms of malignant disease caused 39 deaths, which is equivalent to a rate of 1.5 per thousand of the population.

The rates of deaths from Infectious Diseases in 1948 are as follows :—

		Llwchwr.	England & Wales.
	No.	Rate per	Rate per
	of	1,000	1,000
	Deaths.	population.	population.
Smallpox	.... 0	0.00	0.00
Whooping Cough	.... 0	0.00	0.02
Diphtheria	.... 0	0.00	0.00
Acute Poliomyelitis and Polio- encephalitis	.... 0	0.00	0.01
Typhoid and Paratyphoid	.... 0	0.00	0.00
Influenza	.... 1	0.03	0.03
Tuberculosis	.... 14	0.54	0.51
Pneumonia	.... 7	0.26	0.41

INFECTIOUS DISEASES.

There was no case of Diphtheria during the year. It may be stated that the incidence of Diphtheria in this area is low due to the extensive Immunisation Campaign.

DIPHTHERIA IMMUNISATION.

Diphtheria Immunisation has been one of the most successful and most satisfactory duty of the Medical Officer of Health.

Since the new Health Scheme, Diphtheria Immunisation is under the control of the Glamorgan County Council.

All general practitioners in the Administrative County were invited to participate in the County Council's Scheme for Diphtheria Immunisation and Vaccination against Small-pox, and most have agreed to do so. Arrangements have been made for these practitioners to obtain serum and vaccine free of cost from the Medical Research Council's Laboratories at Cardiff and Carmarthen.

It cannot be too strongly stressed that Diphtheria Immunisation gives nearly 100 per cent. protection and that in my opinion a parent or guardian who knowingly deprives a child of this protection is guilty, to say the least, of gross negligence—and that is using a mild term. There is no reason why anyone in this area can state that they are unaware of the facilities available to them for immunisation.

Scarlet Fever.

47 cases of Scarlet Fever were notified to my department during the year, 44 of which were admitted to Garngoch Isolation Hospital.

The removal of cases of Scarlet Fever in this district to Isolation Hospital depends upon home conditions. If the home conditions are such that in the opinion of the medical officer of health it is safe to nurse the patient at home, this is done, but if the home conditions are unsuitable the patient is admitted to Garngoch Isolation Hospital.

Pneumonia and Influenzal Pneumonia.

Eight cases of Pneumonia and Influenzal Pneumonia were notified during the year, giving at rate of 0.3 per thousand of the population. The rate recorded for England and Wales was 0.73 per thousand of the population.

Erysipelas.

Three cases of Erysipelas were notified, producing a rate of 0.11 per thousand of the population, the rate for England and Wales being 0.21.

Puerperal Pyrexia.

Five cases of Puerperal Pyrexia were notified. This gives a rate of 12.0 per thousand total (live and still) births, and the rate for England and Wales was 6.89 per thousand. None of these cases died.

Venereal Diseases.

Many cases are brought to the notice of the public health department. Those who are not attending for treatment are contacted and encouraged to attend a V.D. clinic. Contacts are also requested to attend a clinic.

Wasserman Blood Tests are being done as a routine in our Ante-Natal Clinics, and the samples of blood are sent to the Cardiff and County Public Health Laboratory.

The nearest clinics for this area are held at Swansea and Port Talbot, and the sessions are as follows :—

Swansea Clinic (Situate at Swansea General and Eye Hospital :—

Males—Monday, 2 p.m.
 Tuesday, 7.30 p.m.
 Friday, 10.30 a.m.

Females—Thursday, 1 p.m.

Port Talbot Clinic (Situate on the right hand side of the road immediately opposite the exit from G.W.R. Station) :—

Males—Monday, 2.30 p.m. to 4.30 p.m., and 5 p.m. to 8 p.m.

Thursday—10.30 a.m. to 1 p.m., and 2 p.m. to 4 p.m.

Females—Wednesday 10.30 a.m. to 1 p.m., and 2 p.m. to 4 p.m.

Thursday 5 p.m. to 7 p.m.

Rickets.

Rickets is a very easy disease to prevent by means of Vitamin D which is given to all children. A good lot of the defects in child birth is due to a woman having a distorted pelvis due to rickets. By treating the very young, much future disability can be prevented in a woman, and not only to her, but to her future child.

Poliomyelitis.

Two cases of Poliomyelitis occurred during the year, and were removed to Garngoch Isolation Hospital. Both cases recovered ; there was no paralysis.

ANALYSIS OF NOTIFIABLE DISEASES (other than Tuberculosis) during the year 1948.

[illegible]

TUBERCULOSIS.

29 cases of Pulmonary Tuberculosis and 5 of other forms of Tuberculosis were notified during 1948. The total number of deaths registered from all forms of Tuberculosis was 14.

On receipt of a notification of surgical tuberculosis, the sanitary inspectors automatically check up on the milk supply from which district the notification is received.

To wipe out Tuberculosis from a community, it is necessary to have prompt diagnosis. This depends upon competent general practitioners, competent Tuberculosis Services with mass radiography, and sanatoria for the prompt isolation of suspected and early cases and the segregation of those who are suffering from the disease and liable to affect others. Unfortunately, there are many factors which militate against this. Whole wards of sanatoria are closed down due to lack of staff. Another factor which tends to propagate Tuberculosis, especially among the young, is milk which contains the Tubercle Bacillus. Pasteurisation, T.T. Herds, etc., could render milk safe against Bovine T.B.

On the Continent, a lot of work has been done on artificially immunising young children against T.B. by means of B.C.G. Vaccine. This means that the child is given a very attenuated form of T.B. which is so weak that it does not cause the disease but gives the child immunity. It is probable that control experiments will be done in these islands to test the practicability of these methods.

Tuberculous Meningitis.

Streptomycin is a promising biotic agent for the treatment of T.B. Meningitis. The results so far are not too good. Its real value is that it will eventually lead to the development of other agents which should be curative in the early stages.

Particulars of new cases of Tuberculosis and deaths from the disease are given in the following Table :—

NEW CASES AND MORTALITY DURING 1948.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	...	...	...	...	...	...	...	...
1—	1	...	...	...	...	...	...	...
5—	1	...	2	1	...	...	...	...
15—	7	7	1	1	2	2	...	...
25—	5	1	...	...	3	2	...	...
35—	2	2	...	...	2	1	...	...
45—	1	...	...	...	1	...	...	...
55—	...	1	...	..	...	1	...	...
65 and upwards	1	...	...	...	...	...	...	...
TOTALS ...	18	11	3	2	8	6	...	...

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken under this regulation during the year 1948, relating to Tubercular employees in the milk trade.

PUBLIC HEALTH ACT, 1936, SECTION 172.

No action was taken under this section during the year 1948.

Tuberculosis Clinics.

The treatment of Tuberculosis is in the care of the Regional Hospital Board, and patients suffering from this disease attend the Dispensary, at 9/10, Grove Place, Swansea.

Rheumatic Fever.

I have previously mentioned the dangers of Rheumatic Fever and the necessity of having the disease made compulsorily notifiable so that its general prevalence may be made known, and suitable action taken for its control. This disease has been made notifiable in the Bristol-Gloucester area by an Order of the Minister of Health, so as to obtain sufficient data thereon. Similar action may eventually be taken throughout the country. If this is the case, the incidence of heart disease will be greatly diminished.

German Measles and Congenital Defects.

There is evidence that if an expectant mother, up to the fourth month of pregnancy, contracts German Measles, it can affect the developing child in her womb. Such unborn children have a tendency to develop congenital cataract, and some of them even die.

Such information is of value as it is very important for a pregnant woman, in the early stages of pregnancy, not to come in contact with a case of German Measles.

Infantile Mortality Rate.

The Infant Mortality Rate is a very good index to the social circumstances of an area as the rate tends to be high in places where bad housing, overcrowding, defective sanitation, maternal ignorance and neglect, prevail.

The figures for England and Wales in 1939, for the death rate per thousand births were :—

Under 1 day	....	....	10.23
1—7 days	....	....	10.87
1—4 weeks	....	....	6.99
1—3 months	....	....	7.92
3—6 months	....	....	7.02
6—9 months	....	....	4.4
9—12 months	....	....	2.92

The principal causes of death which account for three-quarters of the total death roll are :—

1. Developmental conditions including birth injury, prematurity, debility, convulsions, malformations, etc.
2. Respiratory Diseases
3. Gastro-Enteritis.

Garngoch Isolation Hospital.

During the year, the number of cases admitted to Garngoch Isolation Hospital comprised of 44 Scarlet Fever ; 3 Erysipelas ; 4 Puerperal Pyrexia ; 1 Pneumonia ; 2 Whooping Cough ; 2 Poliomyelitis ; 1 Enteric Fever ; and 1 Ophthalmia Neonatorum.

The availability of plentiful supplies of Penicillin has made the medical treatment of some of these patients more satisfactory, but the nursing more difficult as the Penicillin has to be injected every three hours both night and day.

Hospitals.

The Gorseinon General and Maternity Hospital and Garngoch Isolation Hospital are now under the control of the Glan-lawe Regional Hospital Board.

Diet and Resistance to Infection.

The opinion generally held is that an inadequate diet, especially in protein, adversely affects the capacity to respond to infection. Experimental proof is now available that it is much more difficult to produce resistance to infection by artificial immunisation in animals kept on a grossly protein deficient diet than in normal animals. The lessons for human beings are obvious.

Food Distribution at the Infant Welfare Clinics.

Dried milk foods are sold to mothers at all Infant Welfare Clinics.

The food is purchased by the Sanitary Inspector, who is, at present, responsible for the issue of same from the central stores, which is kept at the Public Health Department, to the Clinics.

Arrangements for the transportation of the food to the various clinics are made by the Sanitary Inspector, who supervises the distribution of the food according to the quantities required by the person selling at the Clinic. One of the female clerks in the Public Health Department sells the food at the largest Clinics, viz., Gorseinon, Loughor, Gowerton and Pontardulais; whilst the food at Grovesend and Penllergaer, is sold by the Health Visitors.

The Ministry of Food has co-operated with us to the fullest extent in the distribution of orange juice, cod liver oil, vitamin supplements, etc., at the various clinics.

In consequence of the new Health Scheme, this service was transferred to the Glamorgan County Council on the 5th July, 1948.

NATIONAL HEALTH SERVICE ACT, 1946.

On the 5th July, 1948, by virtue of the provisions of the National Health Service Act, 1946, the undermentioned services came under the control of the Glamorgan County Council:—

- Care (including dental care), of Mothers and Young Children;
- Notification of Births.
- Vaccination and Immunisation;
- Domiciliary Midwifery;
- Health Visiting;
- Domiciliary Home Nursing;
- Prevention of Illness, Care and after-care;
- Domestic Help.

Nine Health Divisions were established within the Administrative County, with a Medical Officer in charge of each. This district comes within the Western Health Division.

Ambulance Facilities :—

Infectious and Non-Infectious Cases.

Since the 5th July, 1948, the Glamorgan County Council have taken over the control of the ambulance services in the administrative county.

As regards this area, an Ambulance Station has been established at Pontardawe, which controls the ambulances and cars stationed at Reynoldston, Gowerton, Gorseinon, Pontardulais, Gwauncaegeuwrwen, Cwmlllynfell, Ystalyfera, Pontardawe and Glydach.

Laboratory Facilities.

Pathological and bacteriological specimens are submitted to the Cardiff and County Laboratory for examination.

Children with Bad Eyesight.

It is absolutely necessary to diagnose a child with bad eyesight as soon as possible. Such a child cannot compete on equal terms with his companions and causes disappointment to him and his parents. Boys often become bad tempered and rebellious, and girls unhappy. Discord at home mounts until it is suggested that the child should have his eyes tested. Bad eyes often cause headaches even in young children. Red eyelids, watery eyes, styes and habitual blinking should lead to examination.

When the vision of the two eyes is unequal, it may be necessary to wear an occluder for a part of the time. The squinting child must be treated for many years by glasses, and covering the stronger eye until the child is about four years old, when special training treatment can begin. If an operation proves necessary, it is best undertaken at 7 or 8 years of age, before school life starts in earnest.

This service is now under the control of the Glamorgan County Council.

Water Supplies.

The following Table show results of water samples taken during the year :—

Number of Samples Taken :

Chemical.	Bacteriological.	Result.
5	6	Satisfactory.
—	1	Moderate purity.
1	1	Doubtful purity.
—	1	Unsatisfactory.

MILK.

Milk is a most nutritious food, but it is also a very dangerous food. It could spread diseases like Tuberculosis, Typhoid, Germs like Brucella Abortus which cause contagious abortion in cattle, and in human beings a chronic illness which shows symptoms somewhat allied to Rheumatoid Arthritis.

Milk should come from healthy cattle, and be collected and distributed under the most hygienic conditions. Due to human frailty and error, it is also advisable that it should be pasteurised. This does not mean that one is advocating that the milk can be prepared under any conditions. It means that we should strive for the cleanest possible milk, and then, as a further precaution, pasteurise it. In an area like ours, I strongly advise that all milk should be heat treated before giving it to the young. The only effect of pasteurisation is to slightly change its taste, which the normal person will not notice. It cuts down the Vitamin C content and probably slightly affects the Calcium level. The slight loss of Vitamin C can be made up with Orange Juice, and the individual will get plenty of Calcium in his other foods.

During the year 30 samples of milk produced in this area were submitted for the Tuberculosis test, the results of which were as follows :—

Negative	....	....	....	30.
Positive	....	....	....	Nil.

More sampling of milk for the presence of Tubercle Bacilli could be carried out but at present the number of samples which can be forwarded to the laboratory are limited by the County Council.

Bacteriological samples of milk were taken on 30 occasions and found to be :—

Satisfactory	....	....	20
Unsatisfactory	....	....	10

ICE-CREAM.

It is a fairly common belief that freezing kills bacteria. Actually it is a good method of preserving their life for long periods.

It can be seen that there is a great danger if Ice-cream is made from materials which contain pathogenic organisms. What is even more dangerous is the actual introduction of organisms by insanitary methods of handling.

There have been numerous outbreaks of intestinal infection throughout the country due to Ice-cream, and consequently regulations have been in existence for some years requiring the registration of premises used for the preparation of Ice-cream. These premises should be periodically inspected. Laboratory tests for cleanliness are desirable, but, unfortunately, there is no known test which is sufficiently reliable for use as a statutory test of its contamination with non-pathogenic organisms.

At the present time, a good idea of the hygienic quality of Ice-cream can be got by doing a total bacterial count, coliform count, and the identification of the coliforms if of excremental type or otherwise.

It is very desirable that Ice-cream should be heat treated before being frozen.

Samples are taken by the Sanitary Inspectors and submitted to the County Laboratory for examination.

HOUSING.

During the year, the Council's programme of new construction of 68 traditional houses, i.e., Gowerton, 26; Pontardulais, 28; Grovesend, 8; Gorseinon, 6; and 114 B.I.S.F. Houses at Penllergaer, started to become available for tenants, and by January, 1949, the whole of the houses were tenanted. The Council were thus able to rehouse families in dire need, many of whom had been waiting for decent living accommodation before hostilities commenced.

The Council's policy of giving the houses to families in the greatest need resulted in the houses being allocated to families with two or more children. With a number of casual vacancies also becoming available,* 191 families were rehoused during the year a total number of 901 persons were thus rehoused.

The Council now have 930 houses on their various sites.

Although good progress was made in 1948 in rehousing families in need, much work in this respect remains to be carried out, and many further houses are still needed to relieve families inadequately housed.

The Ministry of Health has requested local authorities to undertake a survey of applicants on their registers to ascertain the number of live applicants, i.e. :—

Category 1. Those who have no separate home of their own.

Category 2. Those who have separate houses but need rehousing for various reasons.

This survey was completed early in 1949, and showed the following number of live applicants on the register :—

Category 1	....	....	....	752
Category 2	....	....	....	84
				<hr/>
				836
				<hr/>

The Council have authority to erect a further 42 traditional houses of their 1948 programme, and at the present time 12 houses are being erected in Gorseinon, and 30 at Pontardulais on the Ffosyrefail site.

River Lliw.

Flooding continues to take place by the above river overflowing its bank during continual rain, especially the area comprising Railway Terrace (22 houses), the main road between the L.M. & S. Station and the Lliw Bridge, Bryn Terrace, Eynon Street, Chapel Street and Gwalia Terrace, Gorseinon.

The Council have rehoused the families from those houses most persistently affected.

FOOD.

Man requires an adequate balanced diet. It is easy to calculate the number of calories, proteins, fats, carbohydrates, vitamins, etc., needed. At the present time, there is a great dispute between different medical authorities on the adequacy of our present diet. Unfortunately, the provision of diet depends on economics. There is also ignorance on the part of the public and false dietetic habits. Rickets, bad teeth and many other diseases depend on diet. The provision by the Minister of Food of special facilities for expectant and

nursing mothers and for children have done a great deal of good. Due to the development of the canteen habit, there is a potential danger of outbreaks of food poisoning due to the fact that one individual who may be a carrier can contaminate the food of hundreds who take their meals in the canteen. This means that greater precautions must be taken than hitherto.

CONDEMNATION OF FOOD.

The following foods were condemned by the Sanitary Inspector during the year:—

- 158 tins of Milk.
- 2 tins of Gherkins.
- 45 tins of Peas.
- 114 tins of Fruit.
- 25 tins of Beans.
- 8 tins of Bacon.
- 47 tins of Pilchards.
- 8 tins of Sardines.
- 7 tins of Soup.
- 6 tins of Stewed Steak.
- 2 tins of Ready Dinners.
- 35 tins of Meat.
- 18 tins of Beetroot.
- 31 cwt. of Seaweed.
- 11 tins of Vegetables.
- 64 lbs. Dried Fruit.
- 3 cwt. of Sausage Rusk.
- 4 packets of Jellies.
- 4 tins of Salmon.
- 51 lbs. of Bacon.
- 33 lbs. of Roast Beef.
- 70 Eggs.
- 12 tins of Tomatoes.
- 41 lbs. Black Pudding.
- 6 lbs. Tongue.
- 87 Boxes Dates.
- 9 tins Marmalade.
- 142 tins of Jam.
- 7 lbs. Butter.
- 16 lbs. Cheese.
- 21 lbs. Ham.
- 126 Packets of Oxo.
- 9 lbs. Saysem.

16 lbs. Oatmeal.
18 packets Cornflour.
8 packets Custard Powder.
9 lbs. Vermicelli.
44 packets Cereals.
8 packets Dried Egg.
41 packets of Flour.
12 packets of Stuffing Powder.
22 lbs. Pearl Barley.
3 lbs. Sweets.
1 Bacon Pig (20 score).
6½ lbs. Tea.
23 lbs. Sugar.
39 cartons French Cheese.
31 packets Pudding Mixture.
21 lbs. Corned Beef and Mutton.
63 lbs. Imported Mutton.
462 lbs. Home Killed Beef.

Food and Drugs :

During the year under review, the duties performed by the County Constabulary in this area in connection with sampling under the Food and Drugs Act, were on the 1st April, 1948, transferred to the County Public Health Department.

Through the kindness of both Dr. W. E. Thomas, County Medical Officer, and Superintendent Pugh, "H" Division, I am able to give the following particulars of samples taken and submitted to the Public Analyst :—

Milk	....	.... 124	Borax	....	.... 1
Butter	....	.... 7	Saccharine	....	.... 2
Margarine	....	.... 4	Cream of Tartar	....	.... 2
Cooking Fat	....	.... 4	Cheese	....	.... 1
Pickles	....	.... 1	Cake Mixture	....	.... 4
Macaroni	....	.... 3	Treacle Pudding	....	.... 1
Potted Meat	....	.... 2	Tinned Fish	....	.... 1
Fish Paste	....	.... 3	Cocoa	....	.... 2
Marmalade	....	.... 1	Jelly	....	.... 1
Jam	....	.... 2	Prunes	....	.... 1
Condensed Milk	....	.... 1	Farinoca	....	.... 2
Dried Eggs	....	.... 1	Vinegar	....	.... 1
Creamola	....	.... 2	Pom	....	.... 1
Sponge Mixture	....	.... 3	Coffee	....	.... 1
Oatrex	....	.... 2	Barley Flakes....	....	.... 1
Soup	....	.... 1	Olive Oil	....	.... 2

Semolina	....	1	Seidlitz Powder	....	1
Dates	....	1	Aspro Tablets	....	1
Figs	....	1	Epsom Salts	....	1
Thyme	....	1	Currants	....	2
Pate de Foie	....	1	Sultanas	....	2
Course Barley	....	1	Stuffing	....	2
Sauce	....	1	Baking Powder	....	1
Iodine	....	2	Tea	....	2
Camphorated Oil	....	4	Ffynon Salts	....	1
Stewed Apple	....	1	Aspirin Tablets	....	1
Castor Oil	....	1	Vermicelli	....	1
Pudding Mixture	....	1	Frizets	....	1
Aspirin	....	1	Custard Powder	....	1
					<hr/>
Total					....219
					<hr/>

Three samples of milk were found to be deficient in milk fat, but the deficiencies did not warrant legal proceedings.

Two samples of Camphorated Oil proved to be deficient in Camphor. Proceedings were instituted and the manufacturers of the camphorated oil were fined.

APPENDIX

1.—General Statistics.

Area of District—17,815 acres.

Number of inhabited houses at the end of year—6,831.

Rateable Value of District—£96,016.

Sum represented at 1d. rate—£352.

Registrar-General's estimate of resident population, mid-1948
25,620.

2.—Extracts from Vital Statistics of the Year.

Live Births :—

		Total.	M.	F.	
Legitimate	....	389	204	185	Birth rate per 1,000 of the estimated resident population—15.6
Illegitimate	....	11	6	5	

Still Births :—

Legitimate	11	4	7	Rate per 1,000 total (live and still births) 29.1
Illegitimate	1	1	—	

Deaths :—

Deaths	255	140	115	Death rate per 1,000 of the estimated resident population—10.0

						Rate per 1,000 total (live & still) births
Deaths from Puerperal Sepsis	....	—				0.00
Deaths from other Puerperal Causes	....	0				
Total	....	....	....	....	0	

Death rate of Infants under 1 year of age :—

All Infants per 1,000 live births—50.

Legitimate Infants per 1,000 legitimate live births—50.

Illegitimate Infants per 1,000 illegitimate live births—0.0

Deaths from Cancer (all ages)—39.

Deaths from Measles (all ages)—0.

Deaths from Whooping Cough (all ages)—0.

Deaths from Diarrhoea (under 2 years of age)—0.





